

REQUEST FOR INDIVIDUAL PROFESSIONAL DEVELOPMENT PROGRAM APPROVAL

Submit 2 copies of request for approval to:

**Rhode Island Department of Education
Office of Teacher Preparation, Certification and Professional Development
Shepard Building, 255 Westminster Street
Providence, Rhode Island 02903**

(Submit at east ONE (1) month in advance of anticipated professional development activity: All professional development activities MUST be approved before any credit hours can be granted. NASDTEC, SALT, and NEASC evaluation visit teams and supervision of student teachers are pre-approved activities and you only need to have verification signatures....see other side of this form.)

Name: _____ Certification # _____

Address: _____
(Street) (City/town, State, Zip)

Telephone: _____ E-Mail: _____

Type/Title of Professional Development Activity: _____

Beginning Date: _____ Ending: _____

Total Number of Contact Hours Requested: _____ (15 hours equals one (1) Professional Development Credit)

Request Submitted by: _____ Date: _____
(Signature of Applicant)

INDIVIDUAL PROFESSIONAL DEVELOPMENT ACTIVITY PROGRAM ACTIVITY DESCRIPTION

(You may attach a course outline or program brochure.)

Please check off the areas in which your proposed professional development program will address the following educational needs:

- | | |
|---|--|
| <input type="checkbox"/> High Standards | <input type="checkbox"/> Communities and Family Involvement |
| <input type="checkbox"/> Accountability and School Improvement | <input type="checkbox"/> Broad Public and Political Support |
| <input type="checkbox"/> Accountability and Assessment | <input type="checkbox"/> District Strategic/School Improvement Plan(s) |
| <input type="checkbox"/> Opportunities FOR ALL Students to Achieve High Standards | <input type="checkbox"/> Other _____ |

How will this program/activity meet the needs described above?

How could this experience impact the teaching and learning environment in your school?

.....BELOW FOR DEPARTMENT USE ONLY.....

Request approved by: _____ Date: _____
(RIDE)

Request Approved for: Contact Hours: _____ **Professional Development Credits: _____

Request Denied by: _____ Date: _____
(RIDE)

Reason(s) for Denial: _____

(SEE REVERSE SIDE FOR DOCUMENTATION/VERIFICATION OF YOUR PROFESSIONAL DEVELOPMENT EXPERIENCE)

DOCUMENTATION OR VERIFICATION OF APPROVED
INDIVIDUAL PROFESSIONAL DEVELOPMENT EXPERIENCES

Submit 1 copy of your pre-approval to:

Rhode Island Department of Education
Office of Teacher Preparation, Certification and Professional Development
Shepard Building, 255 Westminster Street
Providence, Rhode Island 02903

(NASDTEC, SALT, and NEASC evaluation visit teams and supervision of student teachers are pre-approved activities and you only need to have verification signatures.....see other side of this form.)

Name: _____ Certification # _____

Address: _____
(Street) (City/town, State, Zip)

Telephone: _____ E-Mail: _____

Type/Title of Professional Development Activity: _____

Beginning Date: _____ Ending: _____

Total Number of Contact Hours Pre-Approved: _____ (15 hours equals one (1) Professional Development Credit)

Request Submitted by: _____ Date: _____
(Signature of Applicant)

INDIVIDUAL PROFESSIONAL DEVELOPMENT ACTIVITY PROGRAM ACTIVITY REPORT

Reflecting on this professional development experience, write a paragraph describing how this activity has improved your teaching skills, subject matter knowledge and/or professional knowledge. Also describe way(s) you plan to share this new/enhanced skill or knowledge.

Verification and/or Documentation

This documentation may include one or more of the following: signature of professional development coordinator, principal, or superintendent in LEA, certificate of participation from the agency facilitator or trainer, official datasheet from superintendent's office with signature, log of committee meetings or team task force with signature of facilitator. Conferences, which occur over a period of one or more days, need documentation as to your participation in the separate workshops with ticketed sessions, or your official itinerary after participation.

I hereby verify that the above named successfully completed the above professional development experience.

(Signature) (Date)

(Type or Print Name or Title) (Agency)

Address: _____

Telephone: _____ E-Mail: _____

Accepted: _____ Professional Development Credits Denied

(RIDE Education Specialist) (Date)